



January 2006

**National Avian influenza Control and Pandemic
Preparedness Plan 2006-2010**

Prepared by:
Government of Lao PDR and United Nations



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Foreword

The current avian Influenza outbreak in Asia deserves our serious attention because of its harmful effects to respective nation's economy and, more importantly, on the health of the people in the region, a number of people have died as a result of this disease, and many more are at risk.

As long as avian influenza still circulate among poultry animals and wild birds, there are always risks of future outbreak. The virus is unstable. The risk of re-assortment is high and can result in more pathogenic viruses that are easily transmissible. If such re-aassortment occurs, the world will face a pandemic with enormous social and economic consequences and severe threats to human health security.

Therefore, we need to be better prepared. We need better strategies and action plans to avert the risk. Accordingly, from now, in the months and years ahead, we hope that you will all share your visions and will join hands together with us to prevent and fight against this disease within the frame of National Avian Influenza and Pandemic Preparedness Plan 2006-2010.

The National Committee for the control of communicable diseases has been doing all it can to formulate, develop a comprehensive strategic plan for the prevention and control of avian influenza outbreak. However, to be sure, the Committee cannot fight the outbreak alone. We need more cooperation with various sectors, with our colleagues, including affected and non-affected countries, the UN system including International Organizations, NGO, INGOs, consumer groups, individual experts, authorities as well as local authorities in order to implement effectively the National Avian Influenza Control and Pandemic Preparedness 2006-2010..

Vientiane, 17 May 2006

Minister of Health

Vice Chair of National Committee for the
Control of Communicable Diseases



Dr. Ponmek DALALOY

Acknowledgement:

We would like to express our sincere thanks deep gratitude to the National Committee for the Control of Communicable Diseases, the National CDC Secretariat, Minister of Health, Minister of Agriculture and Forestry, to the UN Resident Coordinator, Ambassadors, WB Representative, EU Representative, ADB Representative to the Lao PDR, for their valuable advices in making the “Lao National Avian Influenza and Pandemic Preparedness Plan 2006-2010” available.

Special thanks to those who have been actively contributed to the development of the plan namely the UN Team, WHO and FAO Country Offices, Ministry of Agriculture and Forestry, Ministry of Health, Ministry of Foreign Affairs, Ministry of Justice, Ministry of Culture and Information, Mass Organizations, Mahospt Hospita, Friendship Hospital, Setthathirat Hospital, MCH Hospital. To the National Avian Human Influenza Coordination Office (NAHICO), and UN Technical Coordination Unit for their tremendous efforts in making the coordination, arrangement for meetings, groups works possible. Thank to Cabinet, the Department of Hygiene & Prevention, Center of Laboratory & Epidemiology, Center of Information & Education for Health, Center of Medical Equipment SuppliesF Center of Water Supply and Environment Sanitation, Food and Drug Department, Department of Curative, Department of Planning and Financing, Department of Human Resources. Ministry of Health, Department of Liverstock and Fisheries. Department of Curative, Mahosot Hospital, Friendship Hospital, Setthathirat Hospital, MCH Hospital for their contributions in terms of deployment of staff working to finalize the plan of action for each strategy.

Director of National Avian Human Influenza
Coordination Office (NAHICO)



Dr. Bounlay PHOMMASACK

List of Abbreviations

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Introduction

Laos reported its first and only wave of avian influenza (H5N1) outbreaks in the poultry population in early 2004. It began in mid-January and ended on March 4th 2004. During this period, a total of 45 outbreaks were reported: 42 in commercial enterprises (including 38 in Vientiane Capital, 5 in Champasak and 2 in Savannakhet) and only 3 in villages. However, it is suspected that more outbreaks occurred in rural areas, but were either not detected or not reported. A total of approx. 155,000 poultry died of disease (one-third) or were culled (two-thirds) during the outbreak. No human cases were reported.¹ The Ministry of Agriculture and Forestry estimates that the investigation, response and management of these outbreaks cost approximately 4 millions dollars.

Section 1. Background

1.1 General information

Laos is a landlocked country that shares its border with the countries most affected by the recent H5N1 outbreaks, namely Vietnam, Thailand, Cambodia and China. These borders are largely permeable with legal and illegal crossing of food products, animals and people. Two-thirds of the country is mountainous which leads to remoteness and difficulty in communication, transport, service provision and development. ²

The country has a population about 5,609,997 with the majority living in rural and remote areas. ³ It is divided into 16 provinces, Vientiane Capital and 1 special zone, 141 districts and 10,553 villages. ³ The population is ethnically varied with 47 distinct ethnic groups with different languages and cultures. Per capita average income is \$ 375, and Lao PDR is thus classed among the Least Developed Countries (LDCs). ⁴

The poultry population of Laos is of about 20 million, 80% are owned by subsistence farmers in all provinces. Village poultry are mostly for personal family consumption (eggs and meat) with little local marketing and distribution. The remaining 20% are held in more than 120 commercial enterprises serving the larger urban populations namely Vientiane, Luang Prabang, Champasak and Savannakhet. ¹

1.2 Current Health Care and Public Health systems situation

Health care system

Laos has one of the lowest health spending in Asia with about \$12 per capita, with more than half disbursed by households for drugs and user fees.²

Vientiane Capital has 4 referral and 3 specialized hospitals and each province has one provincial hospital (including 4 regional hospitals). There are 125 district hospitals and 789 health centers distributed across the country.² Many health facilities have insufficient professional medical and administrative staff, limited essential drugs and fundamental equipment. ⁵ Specifically, in most hospitals, there are insufficient isolation rooms, the absence of adequate equipments for patients with severe respiratory diseases (e.g. ventilators) and no incinerators to dispose of dangerous infectious materials.

There is an absolute shortage of health workers compounded by maldistribution with most workers living in urban areas. Also, the skill level of health care workers tends to be low. ⁵ There are about 14,000 village health volunteers (VHV) who are or have been working on various programs such as the malaria and the drug-kit programs. Their training is very limited and variable (from a few days to 6 weeks).

Public health system

The current surveillance system in Laos is organized as follows: the National Center for Laboratory and Epidemiology (NCLE), located in Vientiane, is supported by 18 provincial surveillance units (PSU) and 141 district health offices (DHO). The NCLE plays the roles of surveillance, case and outbreak investigation, and response and research. The NCLE acts also as a public health (PH) lab and a national reference lab. A total of 29 permanent staff work at the NCLE. Among them, 10 trained staff in epidemiology and public health are in charge of the surveillance and control of 16 communicable diseases.⁵ Influenza, avian influenza and influenza-like-illness (ILI) are currently not part of the reportable diseases, although adding them is in process.

The PSU has an average of 2-4 staff with variable levels of training. The district level staff are generally not qualified in epidemiology, have to carry out many public health programs and work also at the district hospital.⁵ The health centers (HC) and some district health offices (DHO) do not have functioning means of communication (telephone, fax, radio), so they have difficulty to report in a timely fashion any health event to the higher level. Because of the general lack of capacity, the NCLE staff often have to conduct outbreak investigation and response throughout the country, leaving no time for other tasks.⁵

The laboratory structure is similar with the PH lab at the NCLE, 4 central labs in Vientiane and 4 regional, 13 provincial and 125 district level laboratories. Even though the NCLE act as the PH and the national reference lab, it does not currently have the capacity to perform influenza diagnosis. It does not achieve bio-safety level (BSL) 2 status. Suspected AI

specimens have to be shipped to a neighboring country for testing and then on to reference laboratories for confirmation.

The overall performance of the national and peripheral lab are relatively low due to inadequate (i) human resources (insufficient number of trained lab technicians) and (ii) financial resources (insufficient of equipment and supply of reagents).

With the NCLE, the U.S. Naval Medical Research Unit (NAMRU-2) has implemented a computerized reporting system, It is a symptom-based surveillance system that collects data on a daily basis from the outpatient and emergency rooms and sent to the NCLE. However, only monthly reports are produced. 4 These data are not used to their full capacity.

There is no seasonal influenza vaccine program in Laos and the routine EPI immunization coverage rates have been falling in recent years to about 45% for DPT3.2

In response to the SARS crisis in SE Asia in 2003 and AI in 2004, there was the establishment of the National Coordination Committee on Communicable Diseases (NCCCD) under the order (no.02)/decree (no.17) of Prime Minister in early 2004, the Secretariat of the NCCCD members from 14 Ministries and the Communicable Disease Control (CDC) Task Force (technical staff from the Ministry of Health (MoH) and the Ministry of Agriculture and Forestry (MAF)). In comparison to the response to SARS in 2003, the response of the MoH to the outbreak of AI in 2004 seemed to be much better planned and structured.5 A new decree (no.377), which was issued in December 2005, will give more authority to the National Committee on Communicable Disease Control (CDC) and will be chaired directly by the Prime Minister.

1.3 Current Animal Health Situation

There has been a chronic shortage of veterinarians serving Lao agriculture and no veterinary college presently exists. Of a total of 69 fully qualified veterinarians, 12 are employed at the Department of Livestock and Fisheries (DLF) main office at Vientiane, Lao P.D.R. Approximately 893 government personnel are involved in animal production and animal disease control programs at the national, provincial and district levels. There are a total of 785 livestock officers located at 12 provincial livestock offices. Laos currently has 5177 active village veterinary workers (VWW) distributed in over 11,180 villages who are responsible for administering animal health services for cattle, buffalo, pigs (50%), dogs and cats (30%), poultry (20%).6

The level of surveillance for highly pathogenic avian influenza (HPAI) since the last reported case has been variable. The last positive case of HPAI occurred in March 2004. From May to November 2004 DLF and the Food and Agriculture Organization of the United Nations (FAO) conducted a survey of randomly selected backyard chicken flocks in all 18 provinces. No HPAI virus was detected. A modest level of surveillance has been undertaken since that time with no further detection of HPAI virus.7

Laboratory capacity for the national government is a major constraint to improved surveillance for HPAI. FAO has supported the purchase of essential equipment required to detect HPAI for the National Animal Health Center (NAHC) in Vientiane. The laboratory staff was trained on test methods just mentioned as well as quality assurance and bio-safety and bio-containment procedures. Some personal protective equipment (PPE) is available and shared between the MAF and MoH. 7

A public awareness campaign was carried out during and following the outbreak period and included distribution of leaflets to provincial and district animal field officers to farms and villages in Vientiane. In addition, radio and television messages were developed and broadcast in Vientiane. Several booklets and handouts were also produced to educate bird owners and VVW on the signs of HPAI and preventive measures such as bio-security. 7

In 2005, a few Agriculture Ministerial Orders (0012, 0075,1067) and Department Order (172) were issued to ban the importation of poultry and poultry products from neighboring countries with HPAI.

Section 2: The Plan

2.1 Overview

The plan, which will span over a period of 5 years, from 2006 to 2010, was developed by the Government of Lao P.D.R. with the technical assistance of a UN inter-Agency team . It combines animal and human health interventions and encompasses the prevention and control of AI in Laos as well as the preparedness and response in case of an influenza pandemic.

It is based on the 5 following strategies:

Strategy 1: Development of Disease free avian influenza management

Strategy 2: Disease surveillance and Response in Humans during outbreak

Strategy 3: Laboratory and Curative Care

Strategy 4: Health education and Community Action

Strategy 5: Strengthening of Institutional and Legal Frameworks

The newly created Communicable Diseases Control Secretariat endorsed the Plan on January 9, 2006. It was then decided that the Strategy 1 would be under the leadership of the MAF, Strategies 2 & 3 under the MoH, Strategy 4 under the Ministry of Information and Culture and finally Strategy 5, under the Ministry of Foreign Affairs. This demonstrates clearly the multi-sectoral approach of the Plan.

The plan has been developed with a 5-year timeframe that has been prioritized according to short and long term needs (see Table I). However estimates of the 3-year needs have also been calculated (see Tables II and III).

¹ The UN inter-Agency team is composed of representatives of the N Resident coordination office, WHO, FAO, UNICEF and the WB.

Summary of estimated costs of National Avian Influenza Control and Pandemic Preparedness Plan of Lao PDR for 5 years with prioritization and estimated timeline

		ST*	ST	LT*	LT	TOTAL
Strategy 1	Development of an avian free management system	3,905,000	900,000	1,800,000	3,900,000	10,505,000
Strategy 2	Disease surveillance and response in humans during outbreaks	1,210,800	344,000	0	186,000	1,740,800
Strategy 3	Laboratory and Curative Care	2,513,700	682,000	2,191,000	20,327,000	25,713,700
Strategy 4	Health education and Community Action	1,125,000	0	250,000	645,000	2,020,000
Strategy 5	Strengthening of institutional and legal frameworks	3,539,500	13,030,000	280,000	241,000	17,090,500
Overall Plan		12,294,000	14,956,000	4,521,000	25,299,000	57,070,000

NOTE: The contingency funds (e.g. for farmer compensation for culled chickens) have not been included in this table. These funds will be dealt at the regional level

Summary of estimated costs of National Avian Influenza Control and Pandemic Preparedness Plan of Lao PDR for 3 years with donor commitment and financial gaps

	(US\$'000)	(US\$'000)	(US\$'000)
	Priority activities* Years 1, 2, 3	Donor Commitment	Financial Gap
Strategy I. Development of a disease free avian management system			
Sub-total	4,805	330	4,475
Strategy II. Disease surveillance and response in humans during outbreaks			
Sub-total	1,211	436	775
Strategy III. Laboratory and curative care			
Sub-total	3,609	895	2,714
Strategy IV. Health Education and Community Action			
Sub-total	1,250	430	820
Strategy V. Strengthening of institutional and legal frameworks			
Sub-total	3,679	100	3,579
total	14,554	2,191	12,363
NOTE: The contingency funds (e.g. for farmer compensation for culled chickens) have not been included in this table. These funds will be dealt at the regional level			
* Calculation method = 100%(ST*) + 50%(LT*)			

Summary of estimated costs of National avian Influenza Control and Pandemic Preparedness Plan of Lao PDR for 5 years separating prioritized and desirable costs

	A*	B*	C*	D*	Total- 5 yr- plan (US\$'000)
	Prior- ity activities Yrs 1,2,3 (US\$'000)	Desirable activities Yrs 1,2,3 (US\$'000)	Prior- ity activities Yrs 4,5 (US\$'000)	Desirable activities Yrs 4,5 (US\$'000)	
Strategy I. Development of a disease free avian man- agement system					
Sub-total	4,805	2,850	900	1,950	10,505
Strategy II. Disease surveillance and response in hu- mans during outbreaks					
Sub-Total	1,211	437	0	93	1,741
Strategy III. Laboratory and curative care					
Sub-Total	3,609	10,846	1,096	10,164	25,714
Strategy IV. Health Education and Community Action					
Sub-Total	1,250	323	125	322	2,020
Strategy V. Strengthening of institutional and legal frameworks					
Sub-Total	3,679	13,151	140	120	17,090
Total	14,554	27,607	2,261	12,649	57,070

NOTE: The contingency funds (e.g. for farmer compensation for culled chickens) have not been included in this table. These funds will be dealt at the regional level.

* Calculation methods:

A= 100%(ST*) + 50%(LT*)

B=100%(ST) + 50%(LT)

C= 50%(LT*)

D= 50%(LT)

2.2 The Strategy

Strategy 1: Development of Disease free avian influenza management

To prevent and control HPAI in backyard and commercial poultry, a number of messages have to be disseminated to the general population, VVW, poultry producers and fighting cock owners on safer practices such as separation of human and poultry living areas, reducing the mixing of various avian species, movement control of poultry and safe slaughtering practices. Incentives (such as compensation) are needed to promote cooperation with culling of poultry affected by HPAI. Preparedness and contingency planning is needed to develop compensation schemes, regulations and outbreak response plans.

In order to have rapid detection, response and investigation of AI outbreaks, it is necessary for provincial, district and village level to be trained in implementing an early detection/early warning human resource network. Present laboratory capacity does not match current and future demands for accurate and rapid testing for HPAI and will require funding to expand laboratory space, upgrade the bio-safety level, increase training and develop molecular methods. Improved data quality is required to better define HPAI outbreaks and trends. The result will be improved policies based on sound field data.

In the long term, there is a need to support the creation of a Veterinary school so the expertise required to direct and implement the National Plan and to have a sustainable national animal health system is available.

Strategy 2: Disease surveillance and Response in Humans during outbreak

To determine trends over time, detect any unusual rates of influenza and to identify groups at risk, the implementation of an influenza surveillance system, as part of the routine weekly surveillance, is needed as soon as possible. Surveillance data will also help guide prevention and control strategies. Both laboratory and symptoms-based (influenza-like-illness (ILI)) surveillance are necessary. Initially, the influenza surveillance will be implemented as a pilot-project in 3 hospitals located in Vientiane and then in the other provincial hospitals.

The expansion of the current hospital and symptoms-based system “EWORS” to all provincial hospitals could also be useful for timely detection of unusual events including unusual severity/outcomes and clustering. However, the data needs to be more meaningful and timely and be integrated with the national routine surveillance system.

Moreover, the integration of human and animal health surveillance data is crucial to follow the progress of the disease geographically and over time.

An early warning system (EWS) has to be put in place quickly by using the current hospital and public health channels but also reports of rumors from the village health volunteers (VHV), general public, NGOs, embassies, etc. To this effect, education and training of VHV to detect and report any unusual health events will be done as part of the National AI/PI communication strategy (see Strat. 4). Decentralization of verification of rumors, outbreak investigation and response through the training of provincial and district rapid response teams (RRT) across the country is desirable. Joint human and animal investigation through these RRT is proposed. Increasing the surveillance and laboratory capacity of the country is critically needed and should be done before a pandemic hits.

Planning and guidelines on PH measures to be undertaken in case of an AI outbreak or a pandemic will be done by a group of PH experts but will be integrated within the Health pandemic influenza preparedness plan (see sectoral plan- Strat.5).

Strategy 3: Laboratory and Curative Care

Laboratory

The capacity for accurate and timely detection of AI/PI would depend on appropriate collection, handling and transportation of specimens from the local/district/provincial level to the national level and the appropriate testing at the NCLE. Guidelines have to be developed and training done for the field workers and lab technicians to ensure bio-safety. In the short-term, the national reference/PH lab has to be upgraded to have the capacity to identify influenza virus using techniques that do not require virus propagation (BSL2) and in the long-term, to have sufficient BSL to perform virus isolation. This has to be coupled with provision of appropriate diagnostic equipments (e.g. PCR machines), reagents and provision of appropriate PPE.

Curative care capacity in temporary facilities and determining essential activities to be maintained in existing facilities during a pandemic is also needed.

Curative care

In the case of an AI outbreak or a pandemic, health care workers (HCW) will be the front line dealing with the sick people. It is to be expected that a substantial proportion of HCW will become ill. Their role will be crucial and they need to be trained in infection control interventions/practices in order to adequately protect themselves and their patients. Training will need to be paired with provision of PPE and appropriate isolation room and equipment.

Clinical guidelines on triage, appropriate investigation of suspected cases, recommended treatments, necessity for hospitalization/ ICU and for the management of mass fatalities need to be developed and HCW need to be trained adequately. Rapid reporting of any suspected case to the public health authorities will be required. Planning for expanding curative care capacity in temporary facilities and determining essential activities to be maintained in existing facilities during a pandemic is also needed.

Strategy 4: Health education and Community Action

AI has raised a lot of concern in the population. The prevention and containment of AI cannot be done without involving the community. For this reason it is essential that effective and widespread awareness about AI is propagated in the community with an explanation of the steps necessary to contain the disease. The messages will be mainly disseminated through the existing mass community organizations such as the Lao Women Union, the Buddhist organization. Some school outreach will be done through the existing systems such as the Blue Box Program. Moreover, the mass media, particularly the radio, will assist in broadcasting those key messages. The messages need to be adapted to the current knowledge, attitudes and practices of the populations and need to be culturally sensitive.

The MoH and MAF should work closely together for the consistency of their messages and avoid duplication. As mentioned earlier, the MAF with the support of FAO has already done a lot of work in this field. It was suggested that the village health volunteers (VHV) be trained in part jointly with the veterinarian village workers (VWV), so the messages communicated to the community are consistent and that collaboration between them is initiated. The village workers will also be trained to look for and report any unusual health events in the poultry and human population.

Some preparedness activities will be undertaken. For example, the Information/Education/Communication task force established for the development and implementation of the above AI/PI Communication Strategy will also work jointly with the CDC Secretariat on developing/testing messages in pre-pandemic period.

Strategy 5: Strengthening of Institutional and Legal Framework

While efforts to strengthen surveillance, outbreak investigation and response, curative care and mobilization of the population continue, the risk of a potentially imminent pandemic must be recognized. This is why the development of a comprehensive Pandemic preparedness and response plan is crucial.

The strengthening of the CDC Secretariat by the new decree is likely to increase its capacity and decision-making power. In a crisis, it is important to have a recognized leader. In the same manner, one Communication/information unit is key during a pandemic to have consistent messages, control what will be said and address false rumors. Training in risk communication for the identified spokespersons is important. Key messages and materials dealing with what the government is doing to cope with the situation and what the public can do to protect themselves and their families/co-workers will be developed and tested.

The development and testing of pandemic preparedness and response plans at national, sectoral and provincial levels will be done. The involvement of NGO and private stakeholders is needed.

Stockpiles of PPE, antivirals and other medicines and supplies will be done. Planning for vaccination, if vaccines become available, will be made.

An appropriate legal framework to support surveillance/reporting and PH measures consistent with the new International Health Regulations (2005) needs to be developed.

Finally, donor coordination will be crucial considering the number of donors involved in this undertaking.

2.3 The Detailed Plan

The Annex 1 is the core of this plan and provides the detailed activities within each measure and strategy, their priority level and timeline, their estimated cost, the existing commitment of donors and the potential partners for their implementation.

Under the priority/timeline column:

- 1 * means that the activity is a priority; it must be done
- 2 absence of * means that the activity is important but will be carried out if money, human resource, time is available
- 3 ST: short-term means that the activity will be implemented in the first year of the plan and could be completed either the first or second or will be ongoing thereafter.
- 4 LT: long-term means that the activity will be implemented between yr 2 to year 5 of the plan.

Conclusion

In developing this plan, Laos has already made a great step forward. The outline of where Laos wants to be and how to get there in a relatively short period of 5 years is now completed. The next steps include securing appropriate funding and detailed implementation of the outlined plan.

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List of tables:

Table I:

Summary of estimated costs of the National Avian Influenza Control and Pandemic Preparedness Plan of Lao PDR for 5 years with prioritization and estimated timeline.

Table II:

Summary of estimated costs of National Avian Influenza Control and Pandemic Preparedness Plan of Lao PDR for 3 years with donor commitment and financial gap.

Table III:

Summary of estimated costs of National Avian Influenza Control and Pandemic Preparedness Plan of Lao PDR for 5 years separating prioritized and desirable costs.

Annexes

Strategy 1: Development of a disease free avian management system

ຮ່າງຍຸດທະສາດທີ 1: ພັດທະນາລະບົບການລ້ຽງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Responsibility/Partners	ST	LT
S1 Measure 1	Reduce risk of AI infection in backyard poultry production including chicken and duck	ST*, ST, LT*, LT	400,000			ST*	LT
	ຫຼຸດຜ່ອນຄວາມສ່ຽງ ການຕິດແປດພະຍາດ ໄຂ້ຫັດສັດປີກ ໃນການລ້ຽງແບບຄອບຄົວ.						
SIM1A 1	Establish Poultry Producer Groups at the village level through arrangement with local administration	ST*	20,000		MoAF, Local Administration	20,000	
SIM1A 2	In the city areas (Vientiane, Champasak and Savannakhet) introduce biosecurity improvement concepts through 1) Arrangement of trainers (key persons) 2) Training at village level 3) Training at village level 4) Support preparation of animal facilities with biosecurity at the village level (fencing)	ST*	200,000		MoAF, Local administration	200,000	
SIM1A 3	In rural areas, introduce the concepts in reducing risk of AI introduction into village poultry flock and risk to human through public awareness	ST*	180,000		MoAF, Local administration, MoIC	180,000	
				USA 111,000			

Strategy 1: Development of a disease free avian management system (continue)

ຮ່າງຍຸດທະສາດທີ 1: ພັດທະນາລະບົບການລ້ຽງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Responsibility/ Partners				
S1 Measure 2	Reduce risk of AI introduction in commercial poultry production including broiler, layer, duck and quail	ST*, ST, LT*, LT	400,000						LT
	ຫລຸດຜ່ອນຄວາມສ່ຽງ ການຕິດແປດພະຍາດ ໄຂໜັດສັດປີກ ໃນການລ້ຽງແບບເປັນພາມ (ໄກ່ພັນເນື້ອ, ພັນໄຂ, ເປັດ ແລະ ນົກກະທາ)								
S1M2A 1	Establish/involve existing Poultry Producer Associations for Broiler and Layers through arrangement with private sectors	ST*	20,000		MoAF, Local Administration, Private sector	20,000			
S1M2A 2	Issue and enforce the regulation on biosecurity improvement of farms and separation of human living areas from poultry raising areas through 1) Legal framework 2) Public awareness 3) Training	ST*	200,000		MoAF, Local Administration, Private sector	150,000			
S1M2A 3	Issue and enforce the regulation on movement restriction of duck flocks through 1) Arrangement with local administration for long-short-term 2) Legal Framework for long-term 3) Public awareness 4) Training	ST*	180,000		MoAF, Local Administration, Private sector	180,000			
S1M2A 4	Improve safe practices at slaughtering points through 1) Arrangement with local administration 2) Public awareness 3) Training of trainers	ST*	50,000		MoAF, Local Administration, Private sector	50,000			

Strategy 1: Development of a disease free avian management system (continue)

ຮ່າງຍຸດທະສາດທີ 1: ພັດທະນາລະບົບການລ້ຽງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Responsibility/Partners				
S1 Measure 3	Reduce risk of AI introduction in fighting cock production	ST*, ST, LT*, LT							
	ຫຼຸດຜ່ອນຄວາມສ່ຽງ ການຕິດແປດພະຍາດໄຂ້ ຂັ້ນວັດສັດປີກ ໃນການລ້ຽງໄກ່ດີ.								
S1M3A 1	Introduce quarantine concepts to fighting cock owners through public awareness	ST*	20,000		MoAF, Local Administration	20,000			
S1M3A 2	Introduce concepts of reducing risks from traditional practices during cock-fighting through public awareness	ST*			MoAF, Local Administration	35,000			

Strategy 1: Development of a disease free avian management system (continue)

ສ່າງຍຸດທະສາດທີ 1: ພັດທະນາລະບົບການລົງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Re-sponsibility/Partners				
S1 Measure 4	Enhance capacity for early detection and early warning of AI outbreaks at field levels								
	ຫລຸດຜ່ອນຄວາມສ່ຽງ ການຕິດແຜ່ດພະຍາດໄຂ້ຫວັດສັດປີກ ລ່ວງໜ້າຢູ່ໃນທ້ອງຖິ່ນ.								
SIM4A 1	Review national strategic plan for surveillance	Workshop	30,000		MoAF, related parties	30,000			
SIM4A 2	Establish/involve existing networks for early warning system which includes central, provincial, district and village (Village Veterinary Workers) levels through institutional framework	List of contact persons in the networks	200,000		MoAF, Local administration				
SIM4A 3	Strengthen capacity for disease recognition, reporting and outbreak investigation through 1) Training for trainers 2) Organize training courses for provincial and district staff as well as Village Chief, VVWs on disease recognition, reporting, investigation, sample and data collection 3) Procurement of supplies to be used for field surveillance activities 4) Public awareness	Report format, Information flow, Training materials and modules, Public awareness materials	600,000		MoAF, Local administration, MoH, MoIC, MoI				

Strategy 1: Development of a disease free avian management system (continue)

ສາຍຄູ່ຄວາມສາມາດທີ 1: ພັດທະນາລະບົບການລ້ຽງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Responsibility/Partners				
S1M4A4	Strengthen the 10 international border and 15 internal checkpoints through 1) Training course for checkpoints staff, 2) Procurement of necessary supplies to be used for animal movement and disease control 3)Public awareness	ST*, ST, LT*, LT ST*							
S1M4A5	Formulate the guidelines, procedures and legal framework for checkpoints	ST*	50,000			50,000			
S1M4A6	Provide facility for investigation, monitoring and patrol	LT							450,000

Strategy 1: Development of a disease free avian management system (continue)

ສ້າງຄູ່ມືທາງສາດທີ 1: ພັດທະນາລະບົບການລ້ຽງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

	Components	Priori- tize/ timeline	Budget \$US	Donors Comitt	Re- spon- sibility/ Part- ners				
S1 Measure 5	Strengthen capacity for laboratory dagnosis!	ST*, ST, LT*, LT							
	ສ້າງຄວາມເຂັ້ມແຂງ ໃນການ ວິໄຈ ແລະ ບົ່ງມະຕິພະຍາດ.								
S1M5A 1	Complete the construction of the building for National Animal Health Center with safe facility for virus isolation through securing financial support	ST*			MoAF				
S1M5A 2	Improve the diagnostic capacity to the minimal requirements (including sub-typing capacity) according to the FAO Guiding Principles in the short-term through 1) Training 2) Procurement of diagnostic equipment and supplies 3) Increase number of staff	ST*	100,000		MoAF	100,000			
S1M5A 3	Improve the diagnostic capacity to the level that can monitor the genetic drift and emergence of new strains in the medium- to long-term through 1) Training 2) Procurement of diagnostic equipment and supplies 3) Increase number of staff	ST*	150,000		MoAF	150,000			

Strategy 1: Development of a disease free avian management system (continue)

ສ່າງຍຸດທະສາດທີ 1: ພັດທະນາລະບົບການລ່ຽງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Re-sponsibility/Partners				
S1M5A 4	Improve facility with diagnostic level in Luang Prabang and Champasak.	LT*	50,000		MoAF	50,000			
S1M5A 5	Improve the diagnostic capacity to the minimal requirements (including sub-typing capacity) according to the FAO Guiding Principles at the regional level (Luang Prabang and Champasak) in the long-term through 1. Training 2. Procurement of diagnostic equipment and supplies 3. Increase number of staff	LT	200,000		MoAF			200,000	
S1M5A 6	Establish new AI laboratory in Namxouang with appropriate equipment								

Strategy 1: Development of a disease free avian management system (continue)

ຮ່າງຄູດທະສາດທີ 1: ພັດທະນາລະບົບການລ້ຽງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Re-sponsibility/Partners				
		ST*, ST, LT*, LT		USA 72,600					
S1 Measure 6	Research and Development		200,000						
	ຄົ້ນຄວ້າ ແລະ ພັດທະນາ.								
SIM6A 1	Conduct research on vaccination in commercial layer and duck	Research: TA, materials	50,000		MoAF,		50,000		
SIM6A 2	Conduct research on compartmentalisation to facilitate inter-provincial trade through securing external assistance	Research: TA, materials	100,000		MoAF		100,000		
SIM6A 3	Conduct research on habitat and infection of AI in wildlife through securing external assistance	Research: TA, materials	50,000		MoAF			50,000	

Strategy 1: Development of a disease free avian management system (continue)

ຮ່າງຍຸດທະສາດທີ 1: ພັດທະນາລະບົບການລ້ຽງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Responsibility/Partners				
S1 Measure 7	Improve national information system		500,000						
	ປັບປຸງລະບົບຂໍ້ມູນຂ່າວສານ.	ST*, ST, LT*, LT							
S1M7A 1	Review/re-establish the current information and data management system	Workshop	30,000		MoAF	30,000			
S1M7A 2	Establish national information networks including field and laboratory surveillance system	Meetings and workshops, training, materials	150,000		MoAF				
S1M7A 3	Improve information management system through 1) Training 2) Procurement of communication equipment and supplies at central and provincial level 3) Installation of appropriate software for information system	Training, equipment and supplies, software for information system	320,000		MoAF				

Strategy 1: Development of a disease free avian management system (continue)

ສ້າງຄຸນຄ່າສາມາດທີ່ 1: ພັດທະນາລະບົບການລ້ຽງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

	Components	Priori- tize/ timeline	Budget \$US	Donors Comitt	Respon- sibility/ Partners				
S1 Measure 8	Enhance capacity for rapid and effective response to HPAI outbreak	ST*, ST, LT*, LT	1,200,000						
	ເພີ່ມຄວາມອາດສາມາດທີ່ວ່ອງໄວ ແລະ ມີປະສິດທິຜົນຕໍ່ບ່ອນທີ່ເກີດການລະບາດ ຂອງພະຍາດໄຂ້ວັດສັດປີກ.								
S1M8A 1	Establish emergency preparedness and contingency plan through 1) Creation of National Committee and working groups 2) Contingency plan 3) Financial support 4) Operational and hotline center 5) Equipment and supplies	ST*	50,000		MoAF, MoH, MoL, MoIC, MoC, MoCTPC				50,000
S1M8A 2	Review regulatory control measures: disease notification, movement restriction, culling poultry in defined infected flocks	ST*	250,000		MoAF, MoH, MoL, MoIC, MoC, MoCTPC				
S1M8A 3	Develop operational plan (SOP) for outbreak containment	ST*	50,000						50,000
S1M8A 4	Increase human resource capacity in outbreak containment	ST*	50,000		MoAF				50,000

Strategy 1: Development of a disease free avian management system (continue)

ສາງຍຸດທະສາດທີ 1: ພັດທະນາລະບົບການລ້ຽງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

		Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Respon- sibility/ Partners			
S1M8A 5	Stock piling of PPE, equipments and supplies for outbreak containment through (see S5M2)	1) Procurement of PPE and supplies for outbreak containment (100,000 per year for 5 years)	ST*	500,000		MoAF			
S1M8A 6	Provision for Emergency containment plan in case of outbreak in poultry sector	(readily available fund for purchase of PPE and supplies)	ST*	Contin- gency (500,000)		MoAF, MoF			
S1M8A 7	Review compensation scheme for effective outbreak containment through 1) Institutional and legal framework 2) Schemes may include increasing indemnification to appropriate level, settlement of debt payments, etc.	TA, meetings,	ST*	100,000					
S1M8A 8	Provision for compensation to farmers in case of outbreak in poultry sector	???	ST*	Contin- gency *see note at the end					
S1M8A 9	Provision of transporation facilities	vehicles	LT	200,000					

Strategy 1: Development of a disease free avian management system (continue)

ຮ່າງຍຸດທະສາດທີ 1: ພັດທະນາລະບົບການລ້ຽງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Respon- sibility/ Partners				
S1	Enhance National, Regional and International Networking		250,000						
	ເພີ່ມຄວາມອາດສາມາດ ໃນການປະສານງານລະດັບຊາດ, ຊຶ່ງເຂດ ແລະ ສາກົນ.								
S1M9A 1	Enhance networking and communication between animal and public health sectors through regular sharing of information and during outbreak/suspected outbreak situation, by immediately notifying the partner and arranging joint field investigation as well as risk communication	ST*, ST, LT*, LT	100,000		MoAF, MoH				
S1M9A 2	Enhance collaboration with countries in the region and regional organizations such as ASEAN through 1) participation in coordination meeting 2) sharing information to related countries/organizations 3) collaborating with the countries sharing border with Laos to control AI from poultry movement transboundary	LT*	50,000		MoAF	50,000			
S1M9A 3	Enhance collaboration with international organizations through 1) Participating in coordination meeting 2) sharing information to related organizations 3) collaborating with OIE/FAO Reference or Collaborating Centers in monitoring any possible changes of virus	LT*	50,000		MoAF	50,000			
S1M9A 4	Supervision, monitoring and evaluation of strategy 1 implementation	ST*	50,000			50,000			

Strategy 1: Development of a disease free avian management system (continue)

ຮ່າງຍຸດທະສາດທີ 1: ພັດທະນາລະບົບການລົງສັດປີກ ໃຫ້ປອດຈາກພະຍາດ

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibil- ity/ Partners			
S1 Measure 10	Enhance disease control capacity in a long-term		1,500,000					
SIM10A I	<p>ເພີ່ມຄວາມອາດສາມາດ ໃນການຄວບຄຸມ ພະຍາດໄຂ້ວັດສັດປີກ ໄລຍະຍາວ.</p> <p>Increase human resource for disease control through 1) increase number of staff for disease control activities including planning, quarantine, field and laboratory activities 2) training staff to strengthen their capacity in disease control 3) support under-graduate training for DVM to increase number of veterinarian in the country for the long-term (20 DVM will be trained per year and by the end of 2015, there should be 100 new DVM in the country)</p>	ST*, ST, LT*, LT						
	Hiring of new staff, training and studying abroad for DMV students	LT*						1,500,000
					MoAF, MoE			1,500,000

Strategy 2: Disease surveillance and response in humans during outbreaks

ວຽກງານເຝົ້າລະວັງ ແລະ ໂຕ້ຕອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.

	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
S2 Measure 1	General capacity building in surveillance and response				
	ການສ້າງຄວາມອາດສາມາດທີ່ໄປສຳລັບວຽກງານເຝົ້າລະວັງ ແລະ ໂຕ້ຕອບການລະບາດຂອງພະຍາດ				
S2M1A1	Overseas training for staff from NCLE and selected provinces/districts (per year)	FETP training short (1month) for 2 people/ long term (2yrs) for 1 person	150,000	USA 100,000 (TBC)	NCLE-MoH/FETP Thailand and others
S2 Measure 2	Inclusion of ILI/ARI and strengthening of routine (weekly) surveillance system				
	ສ້າງຕັ້ງລະບົບເຝົ້າລະວັງ ໄຂ້ວັດສັດປີກ ແລະ ລະບົບເຕືອນໄພຂັ້ນຕົ້ນ.				
S2M2A1	Develop case definition of ILI / ARI	NCLE meetings		WHO 3,000	NCLE-MoH
S2M2A2	Add ILI / ARI in the existing weekly epidemiological surveillance report (to be 17 diseases)				
S2M2A3	Develop a guideline on weekly epidemiological surveillance report form and 001 form at provincial level				
S2M2A4	Print, distribute revised weekly epi surv. report		35,000		NCLE-MoH
S2M2A5	Train surveillance officers in each level for weekly surveillance (including ILI - see above) and rapid communication	1. Training of trainers (ToT) at prov. Level 2. Training by prov. to district level	90,000	WHO 70,000 TBC	NCLE-MoH

Strategy 2: Disease surveillance and response in humans during outbreaks (continue)

ວຽກງານເຜົ່າລະວັງ ແລະ ໂຕຕອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.

	Components	Priori- tize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
S2M2A6	Provide communication tools for district offices and health centres by expansion of existing systems	ST*, ST, LT*, LT	150,000	USA 100,000 (TBC)	NCLE-MoH/FETP Thailand and others
	Provide communication tools for district offices and health centres by expansion of existing systems	ST*			
	Op costs / year- Phone cards, communication fee, batteries	ST*	210,000		NCLE-MoH
S2M2A7	Update regularly the list of all surv. officers at all levels with phone number, etc)	ST*	25,000		NCLE-MoH
S2M2A8	Monitor and supervision on weekly surveillance	ST*	50,000		NCLE-MoH
S2M2A9	Feedback report to each level, to MOH, to concerned partners	ST*	25,000		NCLE-MOH
S2M2A10	Strengthen regional and international networking/communication 1. Fully participate in Asian Disease Surveillance Net 2. Comply with IHR requirement on information sharing	ST*	1,000		
	Op.cost:5000, HR:5000	ST*	10,000		NCLE-MoH

Strategy 2: Disease surveillance and response in humans during outbreaks (continue)

ວຽກງານເປົ້າລະວັງ ແລະ ໂຕຕອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.

	Components	Priori- tize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
S2 Measure 3	Expand / strengthen Early Warning Outbreak Recognition Systems				
S2 M3 Activity	ຂະຫຍາຍ ແລະ ປັບປຸງ ລະບົບເຕືອນໄພເລື້ອງຕົ້ນໃຫ້ເຂັ້ມແຂງ Expand Early warning outbreak recognition system (EWORS) to all prov. hospitals in 2 phases (first:all prov. Where internet connection currently available 5 provinces, 2nd: where it is not, 8 provinces) Per new site:Equipment: computers, fax, telephone, mobile phone= 1,500 phone and internet connection:1500/yr, incentives to staff: (7200/yr)	ST*, ST, LT*	First wave: 225,000 Second wave:186,000	Discuss with NAMRU	NCLE-MoH
S2 Measure 4	Integration / linking of routine surveillance systems and data				
S2M4A1	ຂະຫຍາຍ ແລະ ປັບປຸງ ລະບົບເຕືອນໄພເລື້ອງຕົ້ນໃຫ້ເຂັ້ມແຂງ Plan for integration of surveillance systems		1,000		NCLE-MoH
S2M4A2	Establishment of mechanism for integrated surveillance -1.weekly Surveillance System and EWORS 2. Human and animal data Development of database (GIS) to link clinical / epi / lab data on human cases and animal data Development of data entry reference manual Training of data entry clerks	ST* ST* ST* ST*	2,000 15,000		NCLE-MoH NCLE-MoH
S2M4A3	Data entry, analysis and management	ST*	42,500		NCLE-MoH
S2M4A4	IT support (on request only)	ST*	2,500		NCLE-MoH

Strategy 2: Disease surveillance and response in humans during outbreaks (continue)

ວຽກງານເຜົ່າລະວັງ ແລະ ໂຕຕອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.

	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Responsibility/Partners
S2 Measure 5	Strengthening the capacity to investigate and respond to EID (incl. AI) at central level				
	ເຜົ່າລະວັງ ແລະ ຄວບຄຸມພະຍາດໃນຄົນ ເວລາມີໄຂ້ວັດສັດປົກລະບາດ ໂດຍການກະກຽມລະບົບເຜົ່າລະວັງ ແບບລົງຄົນຫາຢ່າງຕໍ່ເນື່ອງ.				
S2M5A1	Update a case definition of AI before outbreak	ST*	1,800	WHO	NCLE-MoH-MAF
S2M5A2	Revise case report form	ST*			
S2M5A3	Revise investigation form	ST*			
S2M5A4	Built the RRT: identify key staff involved in the Rapid Response, 3 epidemiologists, 3 lab, 2 drivers, 2 from live stock dep, 2 from prevention dep., 2 from curative dep.	ST*			
S2M5A5	Develop guidelines on Rapid Response on EID including ILI / ARI	ST*	10,000		NCLE-MoH
S2M5A6	Develop check lists for RRT and laboratory materials	ST*	500		NCLE-MoH
S2M5A7	Train the RRT at central level (1 day training)	ST*	500	WHO	NCLE-MoH
S2M5A8	Train the RRT, overseas	ST*	10,000	USA/HSS 133,000 (together with S2M6A3)	NCLE-MoH
S2M5A9	Provision of PPE, lab kits and antivirals if available	ST*	42,500	USA/HSS 100,000 (together with S2M6A5)	NCLE-MoH
S2M5A10	Provide transportation for RRT	ST*	60,000		
	3 Vehicles				

Strategy 2: Disease surveillance and response in humans during outbreaks (continue)

ວຽກງານເຜົ່າລະວັງ ແລະ ໄຕ້ຕອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
		ST*, ST, LT*, LT			
S2 Measure 6	Decentralization of AI outbreak investigation (epi + lab) - linkage with animal health				
	ມອບຄວາມຮັບຜິດຊອບໃຫ້ແກ່ແຂວງ ໃນວຽກງານສອບສວນການລະບາດ.				
S2M6A1	Launch of the new Outbreak investigation and Response Program at provincial level	Meeting	5,000		NCLE-MoH
S2M6A2	Develop and adapt training manual on outbreak investigation	TA	20,000		NCLE-MoH
S2M6A3	Train provincial health staff (n=90)	5-day workshop ToT	100,000	USA/HSS (S2M5A8)	NCLE-MoH
S2M6A4	Simplified manual, checklist, flowchart of sample collection, shipment for the provincial labs	Forms, Record, Manual, Training	5,000		NCLE-MoH
S2M6A5	Provision of PPE, lab kits and antivirals if available	TA	90,000	USA/HSS (S2M5A9)	NCLE-MoH
S2M6A6	Train district staff	1-day workshop by prov. staff	42,000		NCLE-MoH, Provincial Health
S2M6A7	Verification of reports and rumours of events (and investigation, if required) detected through Early warning response system	10 investigations	75,000	WHO 2000/year	NCLE-MoH

Strategy 2: Disease surveillance and response in humans during outbreaks (continue)

ວຽກງານເຜົ່າລະວັງ ແລະ ໂຕຕອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
S2 Measure 7	Operationalization of outbreak investigation				
	ວິທີການດຳເນີນງານ ຂອງການສືບສນການລະບາດ.				
S2M7A1	Deployment of RRT				
	*Verify suspected case with the case definition by communication				
	*Plan for case and field investigation using check lists	As re-quired	Contingency fund (\$1000/suspected case)		NCLE-MoH
	*Trace contact in affected areas				
	*Identify a source of outbreak				
	*Identify risk factors by investigation team				
	*Feedback meeting				Mtg
S2M7A2	On the job training by central staff during outbreak				Training

Strategy 2: Disease surveillance and response in humans during outbreaks (continue)

ວຽກງານເປົ້າລະວັງ ແລະ ໂຕ້ຕອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
S2 Measure 8	Develop public health emergency measures for rapid intervention during outbreak				
	ພັດທະນາມາດຕະການຕອບໂຕ້ສູ່ກາເລີນການລະບາດ.				
S2M8A1	Develop plan and guidelines for public health measures(social distancing, anti-viral dstribution, vaccine?) during rapid intervention-	TA / workshop	19,000		NCLE-MoH
S2M8A2	Undertake outbreak simulation exercise	TA / workshop	19,000		NCLE-MoH
S2M8A3	Establish contingency fund for operational costs for activities related to surveillance and response during rapid intervention		100,000		Muti-sectoral

Strategy 2: Disease surveillance and response in humans during outbreaks (continue)

ວຽກງານເຝົ້າລະວັງ ແລະ ໂຕ້ຕອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.						
	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners	
S2 Measure 9	Develop public health emergency measures for the pandemic -					
	* This is a part of Sectoral pandemic preparedness planning (Strat.5)					
	ພັດທະນາ ມາດຕະການຕອບໂຕ້ສູກເສີນທາງຕົ້ນສາທາລະນະສູກຢ່າງທັນການ ສໍາລັບການລະບາດຂະໜາດໃຫຍ່.					
S2M9A1	Develop plan and guidelines for surveillance / public health interventions (social distancing) during pandemic	TA / workshop	ST*	See S2M8A1	Multi-sectoral	
S2M9A2	Establish contingency fund for operational costs for activities related to surveillance and response during a pandemic		ST*		Multi-sectoral	
S2 Measure 10	Operational public health activities for rapid intervention during outbreak					
	ກິດຈະກຳການດຳເນີນງານທາງຕົ້ນສາທາລະນະສູກ ສະລັບການເຂົ້າແຊກດວນ ໃນເວລາມີການລະບາດ.					
S2M10A1	Implement public health measures as required (including use of antivirals)		As re-quired	Contingency fund	NCLE-MoH	
S2M10A2	Involvement of mass media		As re-quired	0	Multi-sectoral	
S2M10A3	Implement travel measures as required (incl. screening, educational materials, restrictions, etc)		As re-quired	Contingency fund	Multi-sectoral	

Strategy 2: Disease surveillance and response in humans during outbreaks (continue)

ວຽກງານເປົ້າລະວັງ ແລະ ໂຕຕອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
S2 Measure 11	Operational public health activities during pandemic	ST*, ST, LT*, LT			
	* This is a part of Sectoral pandemic preparedness planning (Strat.5)				
	ກິດຈະກຳການຕໍາເນີນງານ ທາງດ້ານສາທາລະນະສຸກ ໃນເວລາມີການລະບາດ.				
S2M11A1	Implement surveillance and public health measures (as required) according to Plan TA/ workshop	As required	Contingency fund		Multi-sectoral
S2M11A2	Involvement of mass media	As required	Contingency fund		Multi-sectoral
S2M11A2	Implement travel measures as required (incl. screening, educational materials, restrictions, etc)	As required	Contingency fund		Multi-sectoral
Total	Strategy2 Total		1,740,800		
Note:	List of Abbreviations:				
ST*: short-term priority	ARI= acute respiratory infection				
ST: short-term but not a priority	EID: emerging infectious diseases				
LT*: long-term priority	FETP=field epidemiology training program				
LT: long-term but not a priority	GIS= geographic information system				
	HSS= department of health and human services of the US govt				
	ILI= influenza like illness				
	NAMRU=naval american research unity				
	NCLE= national center for laboratory and epidemiology				
	PPE= personal protective equipment				
	RRT= rapid response team				
	TA= technical assistance				

Strategy 3: Laboratory and Curative Care

ວຽກງານເຜົ່າລະວັງ ແລະ ໂຕ້ຕອບການລະບາດໃນຄືນ ໃນໄລຍະມີການລະບາດ.

	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Responsibility/Partners				
S3 Measure 1									
Strengthen Curative Resources									
ປັບປຸງຊັບພະຍາກອນດ້ານການປິ່ນປົວໃຫ້ເຂັ້ມແຂງ.									
Strengthen health care HR and infrastructure									
ປັບປຸງວຽກງານການປິ່ນປົວ.									
S3M1A1	Establish a national clinical care committee -NCCC	Meetings	5,000		Hospital staff, Curative and preventive dpts	5,000			
S3M1A2	Develop clinical guidelines on case detection and management	WHO guideline, Op cost, NCCC meetings	5,000		Dep Curative	5,000			
S3M1A3	Print clinical guidelines on case detection and management	Printing cost (5000 x \$3)	15,000			15,000			
S3M1A4	Provision of antivirals (Tamiflu) for patients	10 patients per hosp. (central and prov. 250 doses)	5,000		Dep Curative	5,000			
S3M1A5	Develop infection control guidelines for central, provincial and district hosp.	TA, translation cost	19,000	19,000 WHO	Dep Curative	19,000			
S3M1A6	Print infection control guidelines for central, provincial and district hosp.	Printing cost for central, prov., district hosp. and HCs (rounded 200x5copiesx\$5)	5,000		Dep Curative	5,000			

Strategy 3: Laboratory and Curative Care

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	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Responsibility/ Partners				
S3M1A7	Simplify infection control guidelines for Health Centers level	NCCC meetings	5,000		Dep Curative	5,000			
S3M1A8	Print simplified infection control guidelines for Health Centers level	Printing cost (700 health centersx2copiesx\$3)	4,200		Dep Curative	4,200			
S3M1A9	Provision of Tamiflu for health staff, minimum stock	825 doses central, prov., district Hp (15 staff at central/prov. Hosp., 3 staff at district hosp.)	16,500		Dep Curative	16,500			
S3M1A10	Provision of PPE for health staff, minimum stock	3150 std PPE kits and 1400 special kits	750,000	150,000 USA	Dep Curative	750,000			
S3M1A11	Define the roles on AI management in health facilities at each level, province, district, HC ilities at each level, province, district, HC	Op cost- Meeting, NCC	5,000		Dep Curative	5,000			
S3M1A12	Train health care workers at each level of the guidelines on infection control and case detection/ management	Training/ Op cost			As below				

Strategy 3: Laboratory and Curative Care (Continue)

ວຽກງານເຜົ່າລະວັງ ແລະ ໂຕ້ອອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.

	Components	Priori- tize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners					
		ST*, ST, LT*, LT								
	* 6 central hosp. in Vientiane	ST*	3,000		Dep Curative +hosp. directors	3,000				
	* 4 regional hosp.	ST*	3,000			3,000				
	* 13 provincial hosp.	ST*	12,000			12,000				
	* 141 districts	ST*	70,000			70,000				
	* 4 regional hosp.	ST*	3,000			3,000				
	* 13 provincial hosp.	ST*	12,000			12,000				
	* 1200 Health Center staff	ST*	50,000		Provincial /Dis- trict Dep +hosp. directors	50,000				
S3M1A13	Strengthen committees for infection control in each hospital	ST*	5,000		Hosp. directors	5,000				
S3M1A14	Provide secure transportation for transfer the case by a special ambulance to the near- est isolation room (1)	ST*	200,000		Dep planning, hosp. directors, MSC	200,000				
S3M1A15	Provide secure transportation for transfer the case by a special ambulance to the near- est isolation room (2)	LT	800,000		Dep planning, hosp. directors, MSC	800,000				

Strategy 3: Laboratory and Curative Care (Continue)

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	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners				
S3M1A16	Access to adequate Isolation facilities , *4 Central hosp.s, *11 Provincial hosp. (excludes Friendship hosp and 4 regional hosp.)	ST*, ST, LT*, LT	750,000		Dep planning, Dep curative, MSC		750,000		
S3M1A17	Provide full equipment to hosp. with existing isolation rooms (n=5 see above)	LT	675,000		Dep planning, hosp. directors, MSC	675,000			
S3M1A18	Provide full equipment to all other hosp. (n=19 see above)	LT	2,565,000		Dep planning, hosp. directors, MSC		2,565,000		
S3M1A19	Provide equipment to hosp. with mobile X-ray	LT	1,500,000				1,500,000		

Strategy 3: Laboratory and Curative Care (Continue)

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	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Responsibility/Partners				
S3M1A20	Provide equipment to hosp. with autoclave	Medical Equipment per hosp (1 autoclave per hosp., n=25)	1,625,000		Dep planning, Dep curative, MSC			1,625,000	
S3M1A21	Access to safe disposal of dangerous biological specimens (1)	Incinerators to 7 hosp. (3central, 4 regional)- 7 incinerators	490,000		Dep planning, MSC		490,000		
S3M1A22	Access to safe disposal of dangerous biological specimens (2)	Provide incinerators to 1 provincial hosp.- 11 incinerators	770,000		Dep planning, MSC			770,000	
S3M1A23	Access to safe disposal of dangerous biological specimens (3)	Provide materials for safe disposable at central, prov. hosp.	50,000		Dep Curative			50,000	

Strategy 3: Laboratory and Curative Care (Continue)

ວຽກງານເວົ້າລະວັງ ແລະ ໂຕ້ອອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners				
S3M1A24	Capacity building of key staff for infection control and case management	Master degree graduate, study tours, conferences ST*, ST, LT*, LT	150,000		Dep human resources, Dep Curative/Prevention			150,000	

Strengthen border control for travellers

ປັບປຸງການຄວບຄຸມການທ່ອງທ່ຽວ ຢູ່ຊາຍແດນຢ່າງເຂັ້ມແຂງ.

S3M1A25	Access to adequate Quarantine rooms at the borders, international airport- 3 airports, 11 check-points	Construction/ Renovation supply	28,000		Airport authority, MoTransport, MoSecurity			28,000	377,000
S3M1A26	Develop plan, guidelines and reporting forms for border control	TA / workshop	10,000		Dep Curative, NCLE			10,000	

Strategy 3: Laboratory and Curative Care (Continue)

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	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Responsibility/Partners					
S3M1A27	Train quarantine officers, costum and desinfection staff	ST*, ST, LT*, LT	7,000		Dep Curative, NCLE	7,000				
S3M1A28	Staffing border crossings to implement plan	ST*	330,000		Dep human resources, Dep Curative/Prevention	330,000				
S3M1A29	Access to Function auto-thermometer at Vientiane airport	ST	2,000		Dept prev medicine	2,000				

Strategy 3: Laboratory and Curative Care (Continue)

ວຽກງານເຝົ້າລະວັງ ແລະ ໄຕ້ຕອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.

	Components	Priori- tize/ timeline	Budget \$US	Donors Comitt	Respon- sibility/ Partners				
		ST*, ST, LT*, LT							
Development and Monitoring of Pandemic Preparedness activities									
	ພັດທະນາ ແລະ ຕິດຕາມບັນດາກິດຈະກຳ ການກະກຽມຕ້ານລະບາດ.								
S3M1A30	Develop inventory of HCW(no. & types), no. beds, relevant equipments in each health facilities	NCCC	5,000		Dep cura- tive	5,000			33,000
S3M1A31	Develop priority list of essential services to be maintained during a pandemic	NCCC	1,000		Dep cura- tive	1,000			
S3M1A32	Develop a list of essential lab services to be maintained during a pandemic	NCCC/NCLE	1,000		Dep cura- tive	1,000			
S3M1A33	Plan for alternative health facilities	NCCC	1,000		Dep cura- tive		1,000		
S3M1A34	Monitor preparedness activities:	Op cost	25,000		Dep cura- tive			25,000	

Strategy 3: Laboratory and Curative Care (Continue)

ວຽກງານເຜົ່າລະວັງ ແລະ ໄຕ້ຕອບການລະບາດໃນຄົນ ໃນໄລຍະມີການລະບາດ.

	Components	Priori- tize/ timeline	Budget \$US	Donors Comitt	Respon- sibility/ Partners				
		ST*, ST, LT*, LT							
Establish and improve information systems in hospitals (central, provincial)									
	ຈັດຕັ້ງ ແລະ ປັບປຸງ ລະບົບຂໍ້ມູນຂ່າວສານຢູ່ໂຮງໝໍ (ສູນກາງ ແລະ ແຂວງ).								
S3M1A35	Establish information systems in 16 hospitals (excludes 7 EWORS hosp.- 4 central and 3 regional)	Computers + other equipment	65,000		Dep Curative, hosp. directors	65,000			150,000
S3M1A36	Maintain information systems in 16 hospitals (excludes 7 EWORS hosp.- 4 central and 3 regional)	2 Internet connection Data base \$50/month/ Hp x 16hosp. x12 months	50,000		Dep Curative, hosp. directors	50,000			
S3M1A37	Train hosp. staff for IT	Training	35,000		Dep Curative, hosp. directors	35,000			

Strategy 3: Laboratory and Curative Care (Continue)

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	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Re- spon- sibility/ Part- ners					
S3 Measure 2		ST*, ST, LT*, LT								
	Strengthen Laboratory Resources									
	ປັບປຸງຊັບພະຍາກອນ ທ້ອງວິເຄາະໃຫ້ເຂັ້ມແຂງ.									
	Strengthen lab HR and infrastructure									
S3M2A1	Construction of virology laboratory (1rst option)	LT*	1,000,000		NCLE				1,000,000	14,324,500
S3M2A2	Upgrading laboratory facility NCLE to BSL2 (2nd option)	LT*	500,000		NCLE			500,000		
S3M2A3	Provide laboratory equipment	ST*	400,000	400,000 USA through WHO	NCLE			400,000		
S3M2A4	Provide laboratory materilas	ST*	125,000		NCLE			125,000		
S3M2A5	Shipment of specimens to WHO col-labiration center	ST*		WHO	NCLE					

Strategy 3: Laboratory and Curative Care (Continue)

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	Components	Prioritize/timeline	Budget \$US	Donors Comitt	Responsibility/Partners				
		ST*, ST, LT*							
S3M2A6	Training for BSL2 lab staff	ST*	225,000	225,000 USA	NCLE	225,000			
S3M2A7	Develop manuals and SOPs of AI suspected specimen (collection, handling, transport of specimens)	ST*	1,000		NCLE, hosp. lab	1,000			
S3M2A8	Establish and pilot Influenza Surveillance System	ST*	3,500	3500 WHO	NCLE	3,500			
S3M2A9	Expand and maintain Influenza Surveillance System	LT*	50,000	WHO (TBC)	NCLE		50,000		
S3M2A10	Training on basic virology lab skills and laboratory based influenza surveillance (1)	ST*	100,000	100,000 USA	NCLE	100,000			
S3M2A11	Training on basic virology lab skills and laboratory based influenza surveillance (2)	ST*/LT*			NCLE				

Strategy 3: Laboratory and Curative Care (Continue)

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	Components	Priori- tize/ timeline	Budget \$US	Donors Comitt	Respon- sibility/ Partners				
S3M2A12	Training on basic virology lab skills and laboratory based influenza surveillance (3)	ST*, ST, LT*, LT	25,000		NCLE, hosp. directors	25,000			
S3M2A13	Training on basic virology lab skills and laboratory based influenza surveillance (4)	LT	25000		NCLE, hosp. directors	25000			
S3M2A14	Access to adequate disposal of dangerous biological specimens	ST*	70,000		NCLE	70,000	9,200,000		
S3M2A15	Build a new NCLE, (detailed plan attached)	LT	9,200,000		NCLE				
S3M2A16	Provide equipment with a NEW NCLE, (detailed plan attached)	LT	2,600,000		NCLE		2,600,000		
S3M2A17	Maintain laboratory quality control and quality assurance, * Australia QA scheme	LT	5,000		NCLE		50,000		297,000

Strategy 3: Laboratory and Curative Care (Continue)

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	Components	Priori- tize/ timeline	Budget \$US	Donors Comitt	Respon- sibility/ Partners				
		ST*, ST, LT*, LT							

Upgrading/maintenace of central/regional labs and lab capacity to ensure proper management of critically ill patients

ປັບປຸງ/ບຳລຸງຮັກສາໜ້ອວິເຄາະຂັ້ນພາກ/ສູນກາງ ແລະ ຮັບປະກັນຄວາມສາມາດຂອງໜ້ອວິເຄາະໃນການຄຸ້ມຄອງຄົນໃຈໜັກ ແລະ ໜາະລົມ.

S3M2A18	Develop Lab QA for provincial labora- tories	LT	5,000		NCLE				5,000
S3M2A19	Simplify training manual and guidelines on emerging infectious diseases includ- ing influenza for provincial Labs	ST	5,000		NCLE	5,000			
S3M2A20	Need assesment of current lab infra- structure at central/ regional hosp.	LT	22,000		Planning Dep, Hosp directors				22,000
S3M2A21	Renovate 5 central hosp. labs (at 25,000 / hosp)	LT	125,000						125,000
S3M2A22	Maintain 5 central hosp. labs	LT	50,000						50,000
S3M2A23	Renovate 4 regional hosp. labs (at 15,000 / hosp.)	LT	60,000						60,000
S3M2A24	Maintain 4 regional hosp. labs	LT	25,000						25,000

Strategy 3: Laboratory and Curative Care (Continue)

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	Com-ponents	Priori-tize/ timeline	Budget \$US	Donors Comitt	Responsibil-ity/ Partners					
		ST*, ST, LT*, LT								
Total	Strategy3 Total		2,513,700	682,000	2,191,000	20,327,000	25,713,700	25,713,700		25,713,700
Note:	List of abbreviations:									
ST*: short-term priority	BSL=bio-safety level		3 yr *	3 yr no *	4-5*	4-5 no *				
ST: short-term but not a priority	EWORS= early warning outbreak response system		3,609,200	10,845,500	1,095,500	10,163,500	25,713,700			
LT*: long-term priority	IT= information technology									
LT: long-term but not a priority	NCCC= national clinical care committee		3,609.2	10,845.5	1,095.5	10,163.5	25,713.7			
	NCLE= national center for laboratory and epidemiology									
	PPE= personal protective equipment									
	QA=quality assurance									
	TA= technical assistance									

Strategy 4: Health Education and Community Action

ໂຄສະນາສຸຂະສິກສາ ແລະ ການເຄື່ອນໄຫວກິດຈະກຳຂອງຊຸມຊົນ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
		ST*, ST, LT*, LT			
S4 Measure 1	Formulation of National Campaign on avian and human influenza				
	ສ້າງຂະບວນໂຄສະນາສຸຂະສິກສາ ກ່ຽວກັບໄຂ້ຫວັດສັດປີກ ແລະ ໄຂ້ຫວັດໃນຄົນໃນທົ່ວປະເທດ.				
S4 M1A1	Establishment of IEC taskforce	ST*	5,000		CDC Secretariat, MoH, MAF, MoIC, MoE and UN partners + mass organizations (LWU, LYU,...)
S4 M1A2	Formulation of overall communication strategy on AI and PI (to be reviewed with other 4 strategies)	ST*	215,000	AED\USAID (15,000)	IEC Task Force, CDC Secretariat, MoH, MAF, MoIC, MoE and UN partners
S4 M1A3	Development of a communication plan for the national campaign (all levels)(Review with other groups)				
S4 M1A4	Rapid participatory community survey on basic KAP about AI and Emerging Infectious Disease	ST*	90,000	AED\USAID (40,000 for 2 surveys for 2006)	IEC Task Force, NSC, WHO/AED, MoH, MoAF, MoIC, MoE
S4 M1A5	1. Development and production of the IEC materials for campaign and training guidelines (posters, leaflets, flipcharts, Radio, TV, films on AI, other media etc) and development pandemic risk communication materials/tools 2. Re-production of materials and distribution	ST*	350,000	AED\USAID (80,000 committed for 2006), USA 100,000	IEC Task Force, provincial gvts, UN partners

Strategy 4: Health Education and Community Action (Continue)

ໂຄສະນາສຸຂະສິກສາ ແລະ ການເຄື່ອນໄຫວກິດຈະກຳຂອງຊຸມຊົນ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
		ST*, ST, LT*, LT			
S4 Measure 1	Formulation of National Campaign on avian and human influenza				
	ສ້າງຂະບວນໂຄສະນາສຸຂະສິກສາ ກ່ຽວກັບໄຂ້ຫວັດສັດປີກ ແລະ ໄຂ້ຫວັດໃນຄົນໃນທົ່ວປະເທດ.				
S4 M1A6	Provincial Production and Broadcasting of media (TV, radio, etc) materials produced	broadcasting (for one year in 18 provinces @ 3000 per prov.)	55,000	UNDP	IEC taskforce, MoIC, provincial mass media (print, radio, TV)
S4 M1A7	1. Training of trainers (ToT)-3 geograp. regions (north, central, south) 2. Training of district/local facilitators using materials	Training workshop + TA (15,000 for ToT + 15,000 for TA) PLUS training at prov. level (90,000 = 5,000 per province)	120,000	AED\USAID (40,000 for 2006)	A. Village Volunteers* (health and veterinarian) B. LFU, LWU, LYU, teachers, Bouddhist Association, community authorities
S4 M1A8	Training of mass media in Vientiane and provinces	2-day training, workshop (for 60 pers.)	40,000	AED\USAID (5,000)	IEC Task Force, MoH, MAF, MoIC, LJA
S4 M1A9	Community mobilization/ National campaign implementation in the whole country (17 provinces and one special zone)	Interpersonal communication; retribution and community events (700 events-5 per district at \$200 each)	250,000	AED\USAID (100,000)	IEC Task Force, MoH, MAF, MoIC, LFU, LWU, LYU, volunteers, monk, community authorities, traders.
S4 M1A10	Rapid participatory community survey on basic KAP about AI and Emerging Infectious Disease	AV equipment (TV, VCD, amplifier, projector, generator) for each province at \$2500 and 4 vehicles for prov. and 2 for central at \$25,000 each	345,000		MoH, provincial MoH, mass media

Strategy 4: Health Education and Community Action (Continue)

ໂຄສະນາສຸຂະສິກສາ ແລະ ການເຄື່ອນໄຫວກິດຈະກຳຂອງຊຸມຊົນ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
S4 M1A11	Improve health education and health emergency communications for 200 villages with no radio access (public address system)	ST*, ST, LT*, LT	200,000		Local authority, MoH, MoIC, MAF
S4 M1A12	School outreach through existing systems (eg. Blue Box prog. in 8 provinces in primary schools, supervision unit)	LT*	150,000		IEC Task Force, MoE, MoH, Un partners
S4 M1A13	Monitoring and evaluation of communication strategy	LT*	100,000	WHO (50,000)	IEC Task Force, UN partners, FMS
S4 Measure 2					
ການກະກຽມເພື່ອການລະບາດ.					
S4 M2A1	Educational radio programs and materials to be used during a pandemic-outbreaks	LT	80,000		MoE, UNICEF
S4 M2A2	Development post-pandemic community-based need assessment	LT	20,000		MoH, MoIC, MoE, UNICEF

Strategy 4: Health Education and Community Action (Continue)

ໂຄສະນາສຸຂະສິກສາ ແລະ ການເຄື່ອນໄຫວກິດຈະກຳຂອງຊຸມຊົນ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
Total	Strategy4 Total	ST*, ST, LT*, LT	2,020,000		
Acronyms:	List of abbreviations:			Notes:	
MoH : Ministry of Health,	AI=avian influenza			ST*: short-term priority	
MoAF: Ministry of Agriculture and Forestry	IEC=information\education\communication			ST: short-term but not a priority	
MoIC: Ministry of Information and Culture	KAP= knowledge, attitudes and practices			LT*: long-term priority	
GED: General Education Department,	PI= pandemic influenza			LT: long-term but not a priority	
NSC: National Statatistic Center	ToT=training of trainers				
FMS: Faculty of Medical Science,					
UN partners					
LFU: Lao Front Union,					
LWU: Lao Women Union,					
LYU: Lao Youth Union,					
AED: Academy for Educational Development					
LJA: Lao Journalist Association					
Suggested membership of the IEC taskforce:					
rep. from MoH, MAF, MoIC, MoE, UN partners					
Under S4 M1 Activity 7: Village volunteers will receive a more comprehensive training including surveillance and reporting of suspected AI cases. Where possible health and animal village volunteers should be trained together so they communicate a uniform message, they develop collaborative work and training is done in a cost-effective manner.					

Strategy 5: Strengthening of institutional and legal frameworks

ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານຂອບເຂດວຽກງານກ່ຽວກັບສະຖາບັນ ແລະ ລະບົບການ.

	Components	Prioritize/ timeline	Budget \$US	Donors Commit	Responsibility/ Partners
S5 Measure 1	Strengthening the function of the National CDC Committee	ST*, ST, LT*, LT	872,000		
	ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານສິດ, ໜ້າທີ່ຂອງຄະນະກຳມະການແຫ່ງຊາດ ຕົ້ນພະຍາດຕິດຕໍ່.				
S5M1A1	Upgrade authority of CDC Committee to reflect its multisectoral responsibilities and advocate for emergency preparedness and response at central, provincial and district levels.				
S5M1A1.1	Mtgs, Supervision in province, 3 region mtgs with senior officials	ST*	36,000		CDC Committee, CDC Sec
S5M1A1.2	Study tours - pandemic preparedness - regional - committee/secretariat - Ag control and Curative lessons learned (3 groups)	ST*	24000		CDC Sec, MAF, MOH
S5M1A2	Establish a single information unit in the Secretariat of the CDC to communicate the national status on AI/PI to the media and the general public during outbreaks				
S5M1A2.1	Equip. office(s)	ST*	20,000		
					PM office is the lead, sub-offices needed for MOH and MAF and MOFA

Strategy 5: Strengthening of institutional and legal frameworks (Continue)

ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານຂອບເຂດວຽກງານກ່ຽວກັບສະຖາບັນ ແລະ ລະບົບການ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
		ST*, ST, LT*, LT			
S5 Measure 1					
Strengthening the function of the National CDC Committee					
ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານສິດ, ໜ້າທີ່ຂອງຄະນະກຳມະການແຫ່ງຊາດ ຕ້ານພະຍາດຕິດຕໍ່.					
S5M1A2.2(a)	Equip provincial info offices	LT	36,000		
S5M1A2.3	Determination of communication roles of different ministries and international organizations during a pandemic	ST*			
S5M1A2.4	Determination of clear lines of communication within and between Ministries	ST*			CDC Sec
S5M1A2.5	Develop emergency contacts list- with regular updating of names, phone numbers, emails, etc	ST*	12,000		CDC Sec, UN ORC
S5M1A2.6	Designation and training of spokespersons	ST*		CDC\HSS Feb 2006	CDC Sec
S5M1A2.7	Development Radio and TV Risk communication materials - for release if pandemic occurs and training of journalists	ST*	35,000		CDC Sec, IEC task force, MoIC
S5M1A2.8	Media involvement in production and implementation (all levels)	LT		Contingency (100,000)	CDC Sec, IEC task force, MoIC
S5M1A2.9	Planning for hot line(s) during pre-pandemic and pandemic phases	ST*	20,000		CDC Sec, IEC task force, MAF, MOH

Strategy 5: Strengthening of institutional and legal frameworks (Continue)

ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານຂອບເຂດວຽກງານກ່ຽວກັບສະຖາບັນ ແລະ ລະບົບການ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
		ST*, ST, LT*, LT			
S5 Measure 1	Strengthening the function of the National CDC Committe				
	ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານສິດ, ໜ້າທີ່ຂອງຄະນະກຳມະການແຫ່ງຊາດ ຕົ້ນພະຍາດຕິດຕໍ່.				
S5M1A3	Strengthen the CDC Secretariat in multi-sectoral functions- expand membership, ToR review	done - new decree			
S5M1A3.1	Expand membership of Secretariat from 2 to 5 ministries	done - in new decree	ST*		
S5M1A3.2	Review and disseminate ToR of CDC	done	ST*	1,000	CDC Sec
S5M1A3.3	High level awareness raising - advocacy mtgs, study tours	see activity 1.1	ST*		
S5M1A3.4	CDC operations cost- 2 Offices	coms (00/mo.), transportation (2 vehicle), office equipment (10000) and supplies (400/mo)	ST*	75,000	CDC Sec
S5M1A3.4(a)	CDC operations cost- additional two offices	coms (00/mo.), transportation (2 vehicle), office equipment (10000) and supplies (400/mo)	LT	75,000	
S5M1A3.5	Plan for and test an operations command center/ procedures including harmonising with current Disaster Office in MoLSW	- (sat phones 1200 x 15 = 18000, running costs (12000/year)	ST	30,000	CDC Sec

Strategy 5: Strengthening of institutional and legal frameworks (Continue)

ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານຂອບເຂດວຽກງານກູ້ໄວກັບສະຖາປັນ ແລະ ລະບົບການ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
		ST*, ST, LT*, LT			
S5 Measure 1					
ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານສິດ, ໜ້າທີ່ຂອງຄະນະກຳມະການແຫ່ງຊາດ ຕ້ານພະຍາດຕິດຕໍ່.					
S5M1A4	Develop Pandemic planning, evaluation and review process	ST*			
S5M1A4.1	Develop Master Pand. Preparedness Plan with Standard Operation Procedures/Protocols -(set of actions to be taken at each successive WHO pandemic phase)	ST*	15000 + 1-2 months TA	USA 100,000	CDC Sec
S5M1A4.2	Prepare sectoral pandemic plans - including detailed contingency planning for ministries and selected private business, eg garment industry, markets	ST*	37500 + 1-2 months TA	S5M1A4	AI focal points in ministries
S5M1A4.3	Training of specialised core mobile group of PPP ToT in provinces (20 pers. X 2wks	ST*	10,000	S5M1A4	CDC Sec
S5M1A4.4	Support Provincial pandemic preparedness process to include gvt, NGO and private stakeholders (e.g. Lao Red Cross)	ST*	54,000	S5M1A4	Prov. Governor
S5M1A4.5	Desktop pandemic simulation exercises	LT*	10000 + 1 mo. TA		CDC Sec, UN team

Strategy 5: Strengthening of institutional and legal frameworks (Continue)

ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານຂອບເຂດວຽກງານກ່ຽວກັບສະຖາບັນ ແລະ ລະບົບການ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comit	Responsibility/ Partners
		ST*, ST, LT*, LT			
S5 Measure 1	Strengthening the function of the National CDC Committee				
	ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານສິດ, ໜ້າທີ່ຂອງຄະນະກຳມະການແຫ່ງຊາດ ຕົ້ນໝະຍາດຕິດຕໍ່.				
S5M1A4.6	Actual pandemic simulation exercises	LT	30000?		
S5M1A4.7	Annual review of planning process, lessons learned and post-pandemic assessment (S4 M2 Activity 6	LT*	40,000		CDC Sec, UN team
S5M1A4.8	Technical assistance/consultancy for planning review annually	LT*	60,000		CDC Sec, UN team
S5M1A4.9	Funding for 5 masters degrees in Pandemic related fields, e.g. disaster mgmt, planning, complex emerg. Or secondments or short courses in disaster management	LT*	140,000		CDC Sec, UN Team
S5M1A5	Develop unit jointly between donor community (UN system) and CDC Sec.	ST*			
S5M1A5.1	Operational support for donor meetings	ST*	4,000		
S5M1A5.2	Establish a donor coordination unit with one TA and Two Lao staff to work closely with the CDC Secretariat	ST*	200,000	UN* (TBC)	

Strategy 5: Strengthening of institutional and legal frameworks (Continue)

ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານຂອບເຂດວຽກງານກ່ຽວກັບສະຖາບັນ ແລະ ລະບົບການ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
S5M1A5.3	Regional and international networking	ST*, ST, LT*, LT			
S5M1A5.4	Develop a tracking system- computer data-base	ST*	15,000	UN*(TBC)	CDC Sec, MOFA DCI, UNRC
S5 Measure 2					
ພັດທະນາການສະສົມເພື່ອສະໜອງອຸປະກອນ ທີ່ຈຳເປັນໃນລະດັບຊາດ.					
S5M2A1	Management of supplies, warehousing, security, administration, transport	10-15% of purchase price	25,000		
S5M2A2	Stockpile of PPE kits at central and provincial level, multiple kits for frontline workers	PPE	2,000,000		
S5M2A3	Plan and implement a seasonal flu vaccine program targeting at risks groups-	CDC taskforce, vaccine costs, vaccine administration and transport (\$7 x 15000 people per year)	525,000		
S5M2A4	Stockpile of pandemic vaccine if becomes available and plan for how to administer	Cannot anticipate costs or availability- no budget			
S5M2A5	Stockpile of antiviral drugs for high risk people- cullers, front line health care workers and a plan on how to prioritize and distribute	20\$ x 15,000 pers.	300,000		

Strategy 5: Strengthening of institutional and legal frameworks (Continue)

ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານຂອບເຂດວຽກງານກ່ຽວກັບສະຖາປັນ ແລະ ລະບົບການ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
S5M2A6	Stockpile of antiviral drugs 600,000 treatments based on 10% pop	ST*, ST, LT*, LT	12,000,000		
S5M2A7	Reserve budget and/or stocks to provide humanitarian support to individuals and communities with early outbreaks - perhaps a plan for diverting stocks from existing sources that have been pre-positioned	ST	1,000,000		MOLSW, UN Agencies, LRC, Local government

Strategy 5: Strengthening of institutional and legal frameworks (Continue)

ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານຂອບເຂດວຽກງານກ່ຽວກັບສະຖາບັນ ແລະ ລະບົບການ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
S5 Measure 3	Development of financial and legal frameworks	ST*, ST, LT*, LT	126,000		
	ພັດທະນາຂອບເຂດວຽກງານທາງດ້ານການເງິນ ແລະ ລະບົບການ.				
S5M3A1.(a)	Develop mechanisms to ensure rapid disbursement of funds	ST*	3,000		CDC Sec
S5M3A1.(b)	Transparent and harmonised accounting and reporting procedures	ST*	3,000		CDC Sec
S5M3A2	Develop hazard pay incentive scheme for essential service staff, eg., investigation teams, provincial and village level health staff.	LT			
S5M3A3	Ensure compliance with International Health Regulations (IHR)				
S5M3A3.1	Advocacy, training of focal points and capacity assessment related to IHR	ST*	30,000	WHO	MOH
S5M3A3.2	Review existing decrees, regulations, laws related to pandemic/disease prevention and control against current IHR requirements	ST*	90,000		MOH
S5M3A3.3	Propose revisions to current legal framework if needed	LT*	30,000		MOH, MOJ, National Assembly

Strategy 5: Strengthening of institutional and legal frameworks (Continue)

ສ້າງຄວາມເຂັ້ມແຂງທາງດ້ານຂອບເຂດວຽກງານກ່ຽວກັບສະຖາບັນ ແລະ ລະບົບການ.

	Components	Prioritize/ timeline	Budget \$US	Donors Comitt	Responsibility/ Partners
Total	Strategy5 Total	ST*, ST, LT*, LT	17,090,500		
Note:	List of abbreviations:				
ST*: short-term priority	BKK= Bangkok				
ST: short-term but not a priority	CDC =communicable disease control				
LT*: long-term priority	IHR= international health regulations				
LT: long-term but not a priority	Migs= meetings				
	PPE=personal protective equipment				
	PPP=pandemic preparedness plan				
	TA= technical assistance				
	ToR=terms of references				
	ToT=training of trainers				

